

REQUEST FOR CERTIFICATION OF ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will only be used by the Fort Smith Transit Department for the provision of transportation services. Information will only be shared with other transit providers, upon request of the applicant, to facilitate travel in those specified areas. The information will not be provided to any other person or agency.

1. Name: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number (Home): _____ (Work): _____

4. What is the disability that prevents you from using our fixed route service?

5. Is this condition temporary, long term or permanent?

If temporary or long term, what is the expected duration?

6. How does this disability prevent you from using fixed route services? Please explain completely. Explanation is required. Use an additional sheet if needed.

7. Can you follow written or verbal instructions? _____

8. Are you able to use a telephone to access transportation information? _____

9. What are the effects of your disability? Explanation is required.

- _____
- _____
- _____
- _____

THE FOLLOWING INFORMATION WILL BE USED TO ENSURE THAT AN
APPROPRIATE VEHICLE IS UTILIZED TO PROVIDE YOUR TRANSPORTATION

AND THAT AN ACCURATE ANALYSIS OF YOUR TRIP REQUESTS CAN BE MADE BY THE FORT SMITH TRANSIT DEPARTMENT.

11. Do you use any of the following aids to mobility? (Check all that apply)

Manual wheelchair _____ Electric Wheelchair _____

Powered scooter _____ Cane _____ Crutches _____

Personal care attendant _____ Dog Guide _____ Other (explain) _____

12. Do you require a Personal Care Attendant (PCA) when you travel using the Transit system? (A PCA is an individual provided by the applicant to assist the passenger)

Yes _____ No _____

The Transit Department will allow a maximum of two minutes for boarding acknowledgement and drivers provide reasonable assistance in boarding needs.

13. What distance can you travel (i.e., walking or using a mobility device)?

14. Explain how the weather would affect this distance.

15. Can you climb or descend 12-inch steps with or without assistance?

Yes _____ No _____

If yes, how many? _____

16. How long can you stand with or without the use of a mobility device?

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

Signed _____

Date ____/____/____

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____

Signed: _____

Date: ____/____/____

Fort Smith Transit Department may need to contact your physician or other professional for additional information if needed. Please complete the following information and authorization form.

The following physician ____ health care professional ____ rehabilitation professional ____ (check one) is familiar with my disability and is authorized to provide information to the Fort Smith Transit Department to complete this certification.

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone Number: _____

FORT SMITH PUBLIC TRANSIT

(Physical Address)

6821 Jenny Lind

Fort Smith, Arkansas 72908

(Mailing Address)

P.O. Box 1908

Fort Smith, Arkansas 72902

(479)783-6464